

**MARYLAND COMPREHENSIVE CANCER PLAN  
CERVICAL CANCER COMMITTEE  
MINUTES OF THE AUGUST 12, 2002 MEETING**

**Attendance:**

Anne Klassen, PhD. – Johns Hopkins School of Public Health – Chair

Marc Lowen, M.D. – Sinai Hospital

Judy Trickett – Carroll County Health Department

Phyllis Smelkinson – American Cancer Society

Helene O’Keefe – DHMH, Center for Maternal and Child Health

**DHMH Staff:**

Marsha Bienia – Director, Center for Cancer Control and Surveillance and Control

Toni Brafa-Fooksman – Coalition Coordinator, Breast and Cervical Cancer Program (BCCP)

Donna Gugel – BCCP, Program Director

Kate Shockley – Coordinator, Comprehensive Cancer Control Plan

**Town Hall Meetings – Ms. Kate Shockley**

Seven town hall meetings were held during the months of July and August. The meeting that was held on the Eastern Shore used teleconferencing to link two sites (Easton and Salisbury). Approximately 170 people attended the seven meetings. Minutes from the meetings are being transcribed by UMBC and are expected to be available by the end of August.

The Consensus Conference will be held on October 16, 2002. Committee members are encouraged to attend. Committee reports will be presented at the conference and there will be time for discussion. Lunch and a light breakfast will be served. Registration forms for the conference are available online. Please encourage your friends and colleagues to attend.

**Meeting Evaluation – Dr. Anne Klassen**

Dr. Klassen discussed the evaluation from the last meeting. Overall the evaluations were good, however, some concerns were expressed about starting on time and not ending on time. A number of people did not complete the evaluations. Time will be allotted for completing the evaluations at the end of the meeting.

**BRFSS Information – Ms. Donna Gugel**

BRFSS information on state trends in health risk factors and the use of preventative medical services was given to committee members. Information about Maryland women who have had a Pap smear in the last three years was also distributed.

In 1998, CDC required BCCEDPs to stop providing service to Medicare patients because new legislation was passed to allow Medicare to pay for these screening services. Effective in 2001, BCCP will pay for a Pap smear once every three years, if a woman has had three normal, consecutive Pap smears 10-18 months apart. Exceptions to this policy may be made, if there are clinical indications that more frequent testing is necessary.

## **Discussion of Cervical Cancer Priority Areas – Ms. Donna Gugel**

Copies of the “Ideal Cervical Cancer Control Process”, that was used when the 1996 Cancer Plan was written, and of the outline for committee presentations to be used for presentations at the consensus conference were distributed. The Ideal Cervical Cancer Control Process identifies women’s needs and looks at how the primary care provider, the laboratory, colposcopist and gynecologists can assure that women receive appropriate and adequate care. The committee also referred to the Natural History of Cervical Cancer that Dr. Solomon had presented at a prior meeting.

The committee’s report at the October 16, 2002 consensus conference should include a definition of the problem areas and possible solutions to each problem. The model also includes the target audience(s) and strategies for accomplishing the solutions including the parties responsible for seeing that the strategies are achieved.

The committee discussed the need to be very careful about the wording of any recommendations. The committee agreed that any guidelines that are established should be flexible enough to allow physicians to individualize screening and treatment based on the woman’s risk factors, age, sexual activity, etc. and not become obsolete as new technologies are developed. It is important that providers receive information about new technologies and procedures, as they become available.

The recommendation was made that labs be required to provide an explanation of their reporting systems/terminology to physicians using their services. The suggestion was made that the State establish guidelines/recommendations for the reporting of Pap smear results. At the current time, the State does not regulate the language used when reporting Pap smears. Cytology labs are licensed by CLIA and the State certifies cytotechnologists based on a proficiency exam. Also discussed was whether labs should be required to report test results using the 2001 Bethesda System.

There was a discussion about what should be done if a Pap smear was reported as unsatisfactory. Should labs be required to inform providers if too many of the Pap tests are unsatisfactory and should they recommend that a repeat Pap be done? Several points were made:

- There does not appear to be any data that would define what is meant by “too many” unsatisfactory Paps.
- How would the lab track this?
- Would this be recommending treatment decisions?.

The issue of providers over-treating patients was also discussed. Many providers continue to recommend annual Pap smears on all patients, despite recommendations that they can be done every three years for many patients. There is a tendency for family practitioners to refer women with anything but a negative Pap smear result to a gynecologist, even though this is unnecessary in many cases.

Committee members agreed that doctors and patients need to be aware of current American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines, and

upcoming guidelines from the American Cancer Society and the United States Preventive Services Task Force (USPSTF) for screening and treatment. Educational programs / campaigns are needed. Possible sources of information for physicians include grand rounds and other meetings of hospital staff and the Medical Advisory Committee of the Maryland Cancer Consortium. HPV typing is recommended for all ASCUS Paps. The committee agreed that ideally either co-collection for HPV typing or Thin-layer prepared Pap tests should be done on all women. This would allow HPV typing of all women with an ASCUS Pap without an additional visit to the physician.

The committee identified several other issues that it felt should be addressed in any new cancer plan.

- Access to medical services – appointments at times patients can come and transportation
- Services at affordable prices
- Physicians need to know what programs exist that will help patients pay for screening and treatment services and how to access these programs
- Getting women to return to follow-up care/testing.
- The need to increase the number of colposcopists in Maryland and the availability of medical services
- Potential research topics. Recommendations for research topics could be used as justification of need when seeking grants from federal/private sources. Specifically mentioned was doing a pilot study on the use of home screening kits.

Committee members were asked to review the list of problems and recommendations that were discussed at prior meetings and to rank their top three choices in each section. Additional problems or solutions can be added to the list. The completed list should be faxed to Ms. Fooksman at 410-333-7279 by 8/26/02.

**Next Meeting:**

The next cervical cancer committee meeting is scheduled for 4:00 p.m., Wednesday, September 11, 2002 in room 301 (DHMH).